ENTRY BLANK

| PLEASE TYPE O | R PRINT | Entered previous May Show |
|---|------------------|-----------------------------|
| | | yes 🗆 no |
| Ms. Mr. Artist R | ichard | Schneider |
| Permanent 26 | | //+ No 1+ |
| 44118 Stre | et Tel. () | Clev. Hts. 321-6353 |
| Zip | Area Code | 321-6353 |
| Temporary or Studio Address_ | | |
| St | treet | City |
| | Tel. (| |
| Zip | Area Code | |
| If you do not pre | sently live in c | one of the counties of the |
| Western Reserve, which county were you born in? | | |
| Collaborator | None | |
| Collaborator | (If Any) | |
| If May Show entr | ies are not acc | cepted or not sold: |
| Artist will pick up at Museum. | | |
| ☐ Museum should dispose of. | | |
| ☐ Museum shou | uld ship to arti | ist C.O.D. at this address: |
| | • | |
| | | |
| | | |
| Special Instructions | | |
| When necessary include below instructions or a drawing of | | |

how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry inform

> DO NOT DETACH

DATE

REJECTED

REJECTED